

## Improvement Partnership Board - Minutes

**Date:** Monday 24<sup>th</sup> October 2022, 14:00-16:00

**Location:** Clinton Committee Suite, County Hall or Via Microsoft Teams

**Attended:** Matt Dunkley (Chair), Cllr John Hart, Melissa Caslake, Jan Spicer, Cllr Andrew Leadbetter, Rachel Shaw, Lisa Bursill, Cllr Rob Hannaford, Liz Davenport, Darryn Allcorn, Angie Sinclair, Nigel Denning, Liam Ennis, Heather Campbell, Steve Alexander, Hannah Dixon (Minutes)

**Apologies:** Cllr Alistair Dewhirst, Graham Hill, Saleem Tariq, Roy Linden (Steve Alexander deputised)

No	Discussion	Action
1.	<b>Introductions &amp; Apologies - Chair</b> <ul style="list-style-type: none"> <li>The Chair welcomed everyone to the meeting and introductions were made. Any apologies were noted.</li> </ul>	
2.	<b>Minutes from previous meeting / Action Log – Chair</b> <ul style="list-style-type: none"> <li>The minutes were signed off as a true and accurate record of the previous meeting</li> <li>The action log was updated accordingly</li> </ul>	
3.	<b>Update from Health Partners to Include Performance Indicators/Update on Cyber-Attack/Local Authority Contribution – Liz Davenport and Darryn Allcorn</b> Attendees noted the documents shared by LD & DA.  <u>Cyber Security</u> The NHS cyber attack happened on 4 August 2022, and it affected a range of different health services. To minimise the impact the NHS have been using Carefirst and ensuring it doesn't affect patient appointments. There will be regular reviews of cyber safety going forward. The cyber attack has affected data collection and therefore figures in the report are from July 2022, <b>ACTION: LD to produce a narrative for Ofsted on this to explain the gap in the data since July.</b>  <u>CAMHS</u> Children Family Health Devon's (CFHD) model was established with the aim of transformation for an integrated CAMHS service. The number of referrals received by CFHD CAMHS reduced in 2021/22 to 201 with the 2 previous years being 269 & 267. All referrals for children into CFHD CAMHS, including those in the care of Devon Local Authority, are 'screened' and triaged within 24 hours, of the 207 referrals for children and young people in care received during 2021/22 78% were offered an intervention. A deep dive was completed for those who were not offered intervention as to why and what happened to them. There is an	LD

	<p>increased number of UASC using the CAMHS service.</p> <p>MC fed back from an event young people held re: mental health recently, the young people were positive about the triage process but were negative about the barriers to get there and if they don't meet the thresholds for support and what else/ who else is out there to help the young people with different levels of need. The group discussed a number of possibilities including making mental health training compulsory for teachers and foster carers, and having CAMHS at the Team around a Child meetings.</p> <p><b>ACTION: Health/ CAMHS colleagues to give even greater priority to meeting unmet need for LAC.</b></p> <p><u>Health and Dental Access Report</u></p> <p>Some progress has been made on ensuring more children in care have health assessments and dental checks, we are offering for children in care to use private dentists but take up has been low so far. This may be due to a range of factors. The board agreed that by the time of the monitoring visit the figures should be at least 75% for dentistry and 85% for Health assessments.</p> <p><b>ACTION: The Corporate Parenting Senior Manager (CP SM) to put a comms out to Practitioners and Carers reminding them that private dentists can be used and the importance of dental check-ups.</b></p> <p><b>ACTION: DA to update on health and dental care at the next meeting.</b></p> <p><b>ACTION: DA to share the findings of the audit into how many carers and young people have received copies of the last Personal Health Plan before December with the board before the next meeting.</b></p>	<p><b>Health/ CAMHS</b></p> <p><b>CP SM</b></p> <p><b>DA DA</b></p>
4.	<p><b>Children in Care Priority Action Plan – Nigel Denning &amp; Lisa Bursill</b></p> <p>Attendees noted the document shared by ND &amp; LB.</p> <p>Corporate Parenting – Councillor Hannaford told the group that it has been agreed that there will be a Corporate Parenting Forum on the morning of each Full Council going forward and Councillor Hart discussed the session on Corporate Parenting that the Senior Leadership Team are having in November.</p> <p>Review of Cohorts of Children – the team have reviewed different cohorts of children (the list of cohorts is within the report) to increase the accuracy of the child level data that is used to inform the Chat tool. There were no themes identified for children returned home, there was a variety of different reasons. A significant proportion of return home conversations did take place, but the current reporting is not accurately presenting a clear picture and there is a plan in place to resolve this. The group discussed how the first return home conversation following a missing episode is the pivotal one to identify reasons why and next steps to stop it from happening again. It was identified that there was a need for a discussion between police and social care about how to agree a missing child's risk status. <b>ACTION: SA and LB to have a conversation re: joint assessment of risk.</b></p>	<p><b>SA &amp; LB</b></p>

	<p>The Improvement Board acknowledged the progress outlined in several key areas of the report, and agreed the suggested priorities/actions for the short term identified in the report were the right ones.</p> <p><b>ACTION: ND and LB to update on the next steps in the children in care priority action plan at the next meeting.</b></p>	<b>ND and LB</b>
5.	<p><b>Audits – Nigel Denning</b></p> <p>Attendees noted the document shared by ND.</p> <p>ND reported a review of completed audits by the senior leadership team, identified:</p> <ul style="list-style-type: none"> <li>that, while some auditors need support to further develop their auditing skills, some audit judgements have been lowered as a result of moderators taking an overly process led approach to judgements</li> <li>in some instances, language used in audit documents is not restorative and we need to focus more on what would make the work even better</li> <li>some judgements in the audit sample were based on poor quality or incomplete audits and did not necessarily reflect the quality of practice.</li> </ul> <p>As a result works has been undertaken with the audit team to develop our agreed approach to auditing children’s case records. Our programme of workshops now explicitly include reference to our restorative approach, and our restorative coaches contribute to the workshops. In future the quality of our audits checked before they are accepted.</p> <p>Overall, our auditing programme assesses the majority of our work to require improvement to be good. However, within this cohort of audits we also see examples of good practice and child centred work.</p> <p>Themes identified in our recent auditing programme include</p> <ul style="list-style-type: none"> <li>Practitioners know their children well, but this is not consistently recorded on case files</li> <li>Child centred practice is increasingly visible, and some good examples of life story work have been seen</li> <li>In most cases the voice of the child is reflected in their records.</li> <li>The IRO footprint on children’s records is increasing</li> <li>Management oversight is not always visible or evident in directing practice</li> <li>Escalations from IROs are not always responded to swiftly enough</li> <li>Children’s plans are not always completed in a timely way or to a good enough standard</li> </ul> <p>Ensuring the outcome of our auditing programme has a positive impact on individual children and our wider learning about the quality of practice is at the core of the framework. Our restorative coaches support managers and practitioners in reflecting on audit outcomes and implementing action plans arising from the audits. Repeat audits measure impact and progress. This needs continued focus to ensure that all actions are followed through and lead to improvements for children. Learning and</p>	<b>ND</b>

	<p>development. Learning from our auditing is shared in various fora including SMT, team meetings and informs our training and development offer.</p> <p>ND reported that in order to improve the focus on quality of audits and learning the October audits have been extend until the end of November to give more time for managers to embed the revised approach and apply the new guidance and training.</p> <p><b>ACTION: ND to update on Audits at the next meeting.</b></p>	
6.	<p><b>‘You Said We Did’ Following the Previous Monitoring Visit – Melissa Caslake, Nigel Denning and Lisa Bursill.</b></p> <p><b>ACTION: It was agreed that this item would be deferred to the next meeting.</b></p>	HD
7.	<p><b>Forward Plan - Chair</b></p> <p><b>ACTION: It was agreed that an additional meeting would be set up w/c 21<sup>st</sup> November.</b></p> <p>Proposed agenda items for the next meeting:</p> <ol style="list-style-type: none"> <li>1- Introductions and Apologies</li> <li>2- Minutes from the previous meeting / Action Log</li> <li>3- Health and Dental Care Update – LD &amp; DA</li> <li>4- Children in Care Priority Action Plan Update – ND &amp; LB</li> <li>5- Audits – ND</li> <li>6- ‘You Said We Did’ Following the Previous Monitoring Visit – MC, ND &amp; LB. MD will explain what he would like this item to include.</li> <li>7- Forward Plan</li> <li>8- AOB</li> </ol>	HD
8.	<p><b>AOB – All</b></p> <p><i>With no other open or closed business, the meeting concluded at 1600hrs.</i></p>	
<p><b>Next Meeting: 22<sup>nd</sup> November, 2-4pm</b></p>		

